

VCHIP CHAMP VDH COVID-19

February 26, 2021 | 12:15-12:45pm Call Questions and Answers*

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Breena Holmes, MD, FAAP, Physician Advisor, Maternal & Child Health, Vermont Department of Health (VDH), VCHIP Senior Faculty

Developmental and Intellectual Disabilities and COVID

Breena Holmes, MD, VCHIP, VDH: We've been following along with our administration not overpromising. New York promised vaccines for all folks with disabilities, but that's a very large group and we're not sure how they're going to manage that. The CDC only includes Down Syndrome due to one study in the UK. The guiding principle is that we want everybody vaccinated, so we had to start somewhere. The recommendations we made to the Governor prioritize folks with chromosomal anomalies, intellectual disabilities (with IQs less than 70), and disabilities that compromise lung function. It always leads quickly into a logistics conversation about attestations. State leaders have not determined checks and balances yet. Advocates and Tim Lahey, MD, keep talking about dishonesty principles that need to fade away. People have trouble acknowledging they have a disability, so to think they would fib about it is a distraction from this important conversation.

Questions/Discussion

Q: Does anyone know about any "waiting lists" people can get on for "extra" doses?

A: Breena Holmes, MD, VCHIP, VDH: No official waiting list.

A: Halle Davis: On the governor's briefings, they continue to say there is NO waiting list. That question gets asked frequently.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: One issue is that in many states, there is an unofficial list. Many simply go to a vaccination site and wait for the end of the day in case any vaccine is about to expire

A: Lisa Gannon, MA, Primary Care Health Partners: www.vaccinefinder.org

Q: If we have patients that fit these in 16–17yo group, they would only qualify for Pfizer, how do we get them somewhere that has it?

A: Breena Holmes, MD, VCHIP, VDH: That's an interesting question and I haven't gotten that far. When we—I think it'll be next week—we announce the chronic conditions ages 16–64, that's going to get interesting. Thank you for that logistic.

Q: We tried calling for an appointment this morning and it said no appointments at Walgreens. Suggestions? The website still says VT not eligible.

A: Breena Holmes, MD, VCHIP, VDH: Many Vermonters signed up for Walgreens this AM. There was a glitch last night but today it's working.

Q: Some of our schools had no choice but to move to hybrid due to distancing requirements and limited space. Is there any discussion about reducing that requirement in schools in the near future?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: A bit unfortunately (from my perspective) the CDC reemphasized 6 ft. distancing in the recent guidelines. 6 ft. is not mandatory but suggested.

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

A: Breena Holmes, MD, VCHIP, VDH: The current pathway in Vermont is that we're revising the Healthy Start Guidance for the fourth time. The draft of the revision is going to be—we're going to stay away from the distancing section. Because the Secretary of Education, and the Commissioner of Health, and the Governor's team feel like they already have our views from a scientific perspective (Bill and Ben and others). And certainly, now the CDC factor. And they're going to be looking at it on their own. So, it's not coming back to the taskforce, about distance.

A: Wendy Davis, MD: VCHIP: I was receiving concerns, I think many people around the country were receiving concerns, those have been forwarded through the AAP COVID-19 mailbox to AAP National. And many people were requesting that AAP National come out with their own statement on this because I think in particular the distance thing is a great example of something that many are finding to be a barrier. And we discussed this on the board of the AAP last week. The AAP is in the process of updating their interim guidance. I don't know whether they will make a statement on this. But I just want you to know that they've heard those concerns clearly. And if folks want to send specific requests or information that you think can help inform that updated interim guidance, you can do so by emailing covid-19@aap.org. Very quick and easy way to get anything in front of the crew that's writing the AAP's national response on this. So certainly, consider doing that.

Q: Are metabolic conditions included on the list of underlying conditions that would receive COVID vaccine? I know they are in other states but haven't found info on the CDC site.

A: Breena Holmes, MD, VCHIP, VDH: CDC is silent on this but VT is including any disorder that has genetic or chromosomal origin—this is just a start. They've only listed Down Syndrome, as noted. But it's the genetic and chromosomal origin of disease that is making this very first path. But we're just really aware of imperfect and that we're just hopeful that more and more supply, more and more people vaccinated, we don't have to keep splitting.

Q: Does this guidance apply to elementary school PE class participation?

A: Yes.

Q: Is this guidance retroactive for students who were positive in the fall or earlier this winter?

A: Should at least have an exam in the office, yes (and based on algorithm or if any concern on that screening should have additional work up).

Q: Is a completed medical clearance document now required for students to return to school and PE class or do we just hold kids out of PE until we get the clearance?

A: The completed medical clearance document is just for return to activity (they can return to school sooner following those guidelines). And don't need to be entirely held out, just need to follow stepwise guideline with increasing time of activity (starting at 15min/day). This part should be tracked by schools/sports/families with referral back to primary care office if symptoms arise.

Q: Regarding public pre-K 3–5-year-olds, any implications for them as far as clearance for gross motor activities, vigorous free play outdoors or PT sessions?

A: This is harder to follow strictly but can follow same general idea with awareness of level of exertion with activity and most importantly monitoring closely for development of any symptoms with activity.

Q: Just to be clear, mild or asymptomatic need an in-person exam? Are we doing any messaging to parents about that? I'm going to get pushback.

A: Breena Holmes, MD, VCHIP, VDH: Yes, that is the protocol. Any child who's had COVID needs a medical visit.

Q: So, to be clear the recommendation is to see patients in the office that have had COVID months ago and are already returned to exercise/play?

A: Breena Holmes, MD, VCHIP, VDH: Yes, that's the answer. And I'm super curious about volume. I'm certainly aware that we've had a couple thousand children who've tested positive for COVID. So, it's school-aged kids that we're talking about in particular that would be able to achieve what would be considered strenuous exertion... When you create an algorithm, it almost gets all the questions answered but there's several days after where the details of implementation become the important piece. So, Michelle, to my understanding, and from Kristen's response and all of her research, this is a retroactive experience because of the risk of myocarditis and the risk is real.

Q: This will be extremely challenging! How many months out is there a risk?

A: Breena Holmes, MD, VCHIP, VDH: Good question for Pedi Cardiology.